

NON-REFUNDABLE

CITY OF ST. CHARLES

OFFICE OF THE CITY CLERK

TWO EAST MAIN STREET

ST. CHARLES, IL 60174-1984

For Approval

Mayor _____

Cliff White _____

For Office Use

Received _____

Fee Paid \$ _____

Receipt # _____

CITY RETAIL LICENSE APPLICATION

☐ New ☐ Renewal

Principle License Requested _____ Applicable From _____ To _____

Name of Business _____ Sales Tax # _____

Address of Business _____ Business Phone _____

Location of Business: ☐ Basement ☐ 1st Floor ☐ 2nd Floor ☐ Other _____

Specific Type of Business _____

Applicant/Owner Name _____

Address/Phone _____

On Premise Manager's Name _____ Address/Phone _____

Waste & Recycling Hauler used for the business _____

Additional License(s) Requested: ☐ Cigarettes (over counter) ☐ Cigarettes (machine) ☐ Billiards; Number requested _____

⤷ This section for Scavenger License Only

☐ Residential ☐ Non-Residential

Vehicles Licensed and Titled by _____

Capacity and Type of Vehicles _____

Disposal Site(s) _____

List All Types of Materials Collected to be Recycled _____

Volume of material collected for recycling during past year licensing period: CCY _____ Tons _____

Volume of material collected for recycling during same licensing period: CCY _____ Tons _____

Insurance Carrier _____ Policy Amount _____

Limits _____

When application is submitted, please accompany it with the following: A check in the amount of \$500.00 made payable to the City of St. Charles; a list of charges for commercial, business and industrial establishments; and proof of insurance.

I (We), the undersigned, say that I (we) have read the foregoing application and that the statements therein are true, complete and correct and are made upon my (our) personal knowledge and information and are made for the purpose of inducing the City of St. Charles to grant the requested license(s) for the period ending April 30 of the current fiscal year unless otherwise stated herein, and for the location hereinbefore indicated. I(We) further understand that any misrepresentation or the failure to notify the Director of Public Works or his designee of any fact requested in this application or omission of any fact pertinent to this application shall constitute good cause for the City Council to deny this application and/or recommend the revocation of any license issued pursuant to this application.

Printed name of Applicant _____ Signature of Applicant _____ Date _____

Home Address _____ City/State/ZIP _____

Printed name of Applicant _____ Signature of Applicant _____ Date _____

Home Address _____ City/State/ZIP _____